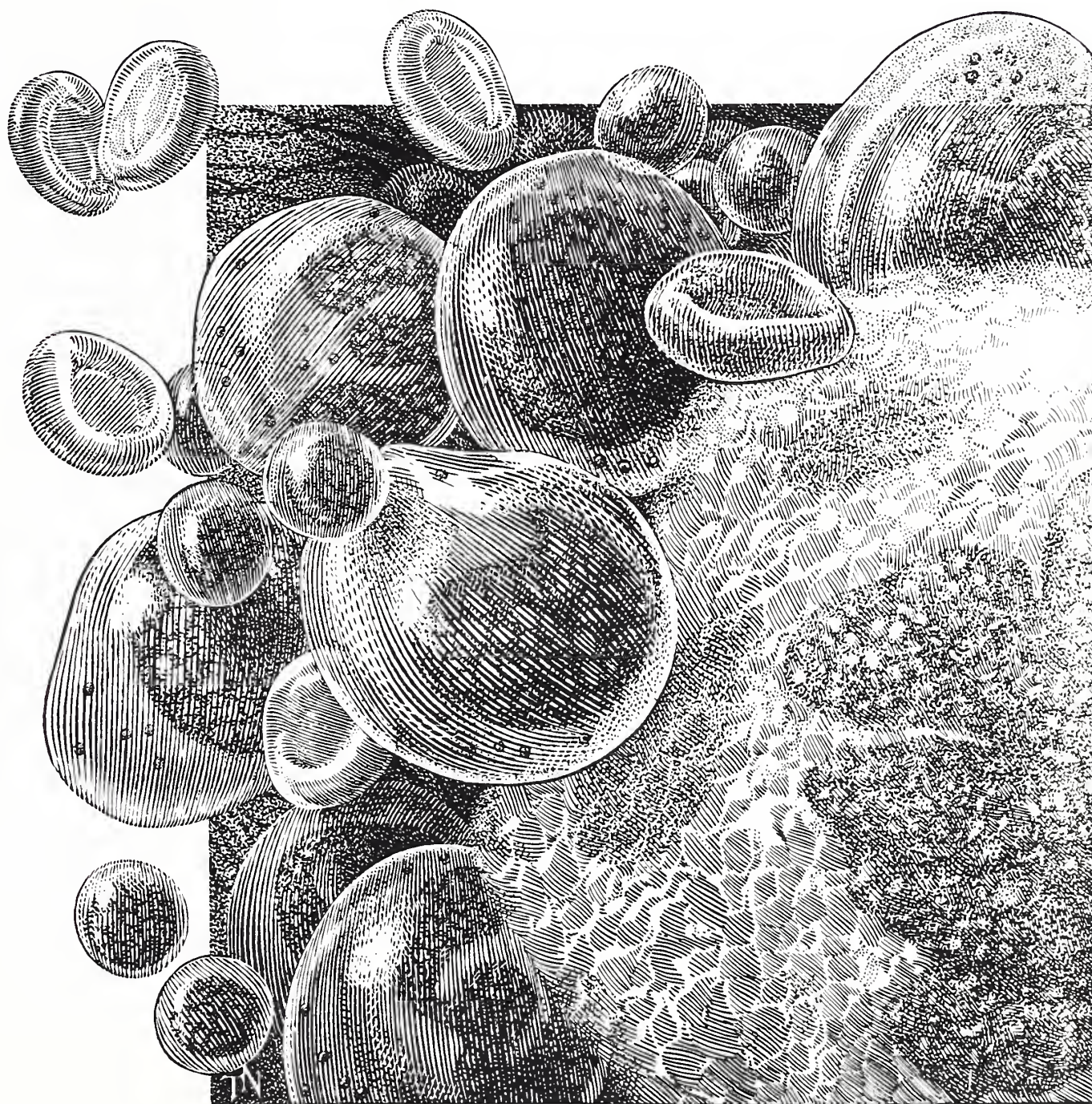

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Drug testing may be required
Water is safe

Clinical Center News

March 1988



From the editor's desk . . .

The March issue of *Clinical Center News* has many special features. First, we have decided to experiment with different styles for the newsletter. We welcome your feedback. This month we are trying the *New Yorker* magazine look, with a three-dimensional line drawing on the cover and small line drawings inside to complement the stories.

This month we also opted to duplicate the newsletter rather than use offset printing, which we have done in the past. This new method should provide a faster turnaround period and enable us to deliver the newsletter to you earlier in the month.

This issue is also special to me because it is my first issue as editor of *CC News*. Prior to joining the Office of Clinical Center Communications late last year, I worked at major medical centers including Michael Reese Hospital and Medical Center in Chicago and The George Washington University Medical Center in Washington, D.C. Originally from Chicago, I received my master's degree in public relations from the University of Maryland and my bachelor's degree in journalism from the University of Wisconsin-Madison. I find the health care

field an exciting area in which to work, and look forward to working at NIH.

Diane Price, former editor of *CC News*, left last month to pursue a book and movie proposal about her adventures in Pakistan and Afghanistan. I had the privilege of working with Diane for a few months before she left, and I look forward to continuing to publish the top-rate publication she helped redesign.

In addition to the new style and new editor, this issue contains many exciting stories. Our cover story explores the Unrelated Bone Marrow Program, including interviews with Dr. Harvey Klein, Department of Transfusion Medicine, and Susan (Ski) Bennof, the first NIH patient to donate through this national registry. This issue also takes a look at the drinking water in CC, and preparations for the Patient Emergency Fund Auction.

I am sure you will enjoy this issue, and I look forward to hearing your comments about the new publication style. You may write to me at 10/1C255 or call 496-2563. Until next month, enjoy the beginning of spring -- snow or no snow! -ejp

Letter . . .

Thanks, Dr. McIntosh

Thank you so very, very much for doing the operation on my heart so that I may be a healthy child and do everything that other healthy children are doing. I feel very well now -- so different from the way I felt before the operation. I will be so forever grateful to you for performing this difficult operation on me. I also want to thank all the other doctors, nurses, dietitians, everyone who gave me such good care. I hope that someday I may become a doctor and even perhaps a surgeon so that I may help others, especially children, as you have done for me.

I will return to Poland on Jan. 29.

With my best wishes to you and everyone, I remain

Most sincerely,
Sylvia Dabrowska

Sylvia is a 10-year-old NIH patient from Poland who had open heart surgery on Dec. 17. She wrote this open letter to Dr. Charles McIntosh. Her uncle, Ryszard Pluta, M.D., Ph.D., is with the Department of Neuropathology, Medical Research Center, Polish Academy of Sciences, Warsaw, Poland. Currently, he is a guest researcher with NINCDS.

Do you have a comment or opinion that you would like to share with other CC employees? Write to us. Letters, which may be edited for space and clarity, must include the writer's name, work address and telephone number for verification. Names will be withheld upon request and be considered confidential. Send letters to Editor, CC News, building 10, room 1C255.

From Decker's Desk

On Sept. 15, 1986, President Reagan signed Executive Order 12564 establishing the goal of a drug-free federal work place. Secretary Bowen of the DHHS has issued guidelines for agencies to use for drug testing programs that were developed by the Alcohol, Drug Abuse and Mental Health Administration. These guidelines establish criteria to be used in determining which employees would be required to participate in a random drug testing program. Many CC employees are included under the heading of "public health or safety." The positions identified in this area include those employees who have direct contact with patients and whose actions directly affect the physical and mental health or patient contact, do work in which mistakes could be life-threatening for a patient. In addition, employees operating government motor vehicles on a regular basis are also identified as being participants in this program.

The program will be getting under way this spring. All employees designated for participation in the program will be given 60 days notice prior to testing. Employees will have an opportunity to appeal their designation as a participant in the program. An outside contractor will handle collecting and processing specimens. Approximately 10 percent of the employees designated will be tested each year. Samples collected will be tested by a screening method. Those testing positive will have a more sophisticated test made on the same specimen. There will be an opportunity for employees on prescription drugs to submit a statement from their physician for review by a medical officer.

An employee assistance program will be made available for those who test positive. There is provision for supervisors to refer employees for testing when they have a suspicion that the employees may be using drugs. All new employees in designated testing positions will also be tested before entering on duty. □

Raymond Becich

The administrative column, From Decker's Desk, is written by Dr. John Decker, Dr. Saul Rosen or Mr. Raymond Becich and provides information for or addresses issues of concern to CC employees.

Editor: Ellyn J. Pollack

Associate Editor: Carla R. Garnett

Assistant Editor: Mary Hepburn

Contributing writers: Raymond Becich, Carla R. Garnett, Mickey Hanlon, Irene Haske, Mary Hepburn, Ellyn J. Pollack, Wendy Schubert, Mary Jane Walker

Contributing photographers: Bill Branson, John Crawford, Carla R. Garnett

Illustrators: Jeanne Clemente Kelly, Trudy Nicholson, Carla R. Garnett

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News, article ideas, calendar events, letters and photograph requests can be submitted to Editor, CC News, building 10, room 1C255, or by calling 496-2563. Copy deadline is the third Monday of each month.

Articles may be used for publication if source is cited.

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A woman donated bone marrow through the NIH Bone Marrow Program to help save the life of a man in Seattle whom she's never met.

- Safety Gets the Lead Out** 7
The Division of Safety assures CC'ers that the water in the Clinical Center is safe to drink.

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About the cover: *The three-dimensional line drawing of bone marrow was done by Trudy Nicholson, Medical Arts and Photography Department. Healthy bone marrow cells, as shown, are transfused into the body of a patient receiving a bone marrow transplant. See story on page 3.*



Till Then will appear next month. Till is in Calgary, Alberta, Canada covering the winter Olympics. *Till Then* is a regular feature of CC News. Employees with questions are invited to write to Till at building 10, room 1C255. Questions will be answered as space permits.

Bone Marrow Donor Gives Gift of Life

By Mary Jane Walker

What do a 33-year-old woman in Silver Spring and a 33-year-old man in Seattle have in common besides their age?

According to the National Bone Marrow Donor Registry (NBMDR), they are genetically compatible enough to allow one to possibly save the other's life through a bone marrow transplant.

The donor, Susan "Ski" Bennof, gave bone marrow Feb. 19 at Johns Hopkins Medical Institutions in Baltimore. She is the third unrelated donor to participate in a registry-sponsored transplant.

"The procedure is best compared to that of someone performing CPR [cardiopulmonary resuscitation]. It's a one-to-one opportunity," says Bernice Loiacono, coordinator of the NIH Bone Marrow Donor Program.

Hours after the marrow removal, Loiacono boarded a plane for Seattle -- marrow in hand -- to deliver it to the Fred Hutchinson Cancer Research Center. There it was transplanted to an aplastic anemia patient who needs it to survive.

"To my knowledge, this is the first coast-to-coast transplant," says Dr. Harvey Klein, chief of the Department of Transfusion Medicine. "Certainly for unrelated marrow."

Bennof's connection to the registry came through the NIH Bone Marrow Donor Program run by the Department of Transfusion Medicine. NIH is one of more than 50 participants in the newly organized NBMDR, headquartered in St. Paul, Minn.

The program uses a computer system to find a "good match" for patients with serious blood diseases. The match is made if six crucial Human Leukocyte Antigens (HLA), or groups of proteins attached to all white blood cells, are the same. In families, HLA types are inherited together like a single gene, meaning that there is one chance in four that two siblings will have the same six antigens.

The chance of finding an unrelated donor with the same six antigens is much smaller, about one in 15,000. Though chances are slight, this may be the only hope for patients with no family members who can donate. These patients account for close to 70 percent of those who might benefit from a transplant. This is where the registry can help.

The registry draws from a bank of possible donors who have been HLA typed in advance. If a suitable match is found, the donor must go through compatibility testing to see if the healthy bone marrow from the donor will regenerate in the recipient's body.

The NIH Plateletpheresis Center was asked to join the national registry because of its own registry of HLA-typed platelet donors, in excess of 10,000. Since joining the registry a year ago, Loiacono and her staff have contacted 2,500 possible donors and recruited 500 for the marrow program. Included in this number, Bennof became the NIH program's first match for the national registry.

"I was excited when Bernice [Loiacono] called me," she says. "When you give platelets, you never know who will receive them, just that they will help someone. Here was a chance to help someone who really needed what I could give him."

To the bone marrow recipient, this gift means much. It is one of the most daring new medical procedures with a more than 30 percent death risk from complications -- even with the best medical care. To prepare for the transplant, doctors must first destroy all of the patient's bone marrow cells with chemotherapy and radiation treatments.

"At this point there's no turning back for the patient or the donor," says Dr. Klein. "The patient's immune system is totally destroyed to receive the healthy marrow."

The patient then receives a transfusion of bone marrow cells and, amazingly enough, they travel through the blood and rest in the bones of the body. In Bennof's case, doctors told her that without the transplant, the patient would have a 10 percent chance of survival. With the new marrow, his chances would increase substantially.



Dr. Harvey Klein and donor Susan "Ski" Bennof discuss the transplant procedure.

For the donor, bone marrow transplants are fairly easy and safe. Before agreeing to give marrow, donors undergo extensive interviews where they learn about the procedure and the risks.

The procedure is relatively simple. Under anesthesia, 5 percent of the donor's marrow is removed from the hip through a large hypodermic needle. Donors usually recover quickly; the body replenishes all marrow within a few weeks. The donor experiences temporary soreness much like that felt from a fall on the ice.

After full briefings from Loiacono, Klein and Dr. Scott Rowley, the doctor who performed the surgery at Hopkins, Bennof was confident about the process. "The only thing that worried me was the anesthesia. I've never had that kind before," she says. Betty Schwering, Clinical Center patient representative, acted as "donor advocate" to Bennof since she agreed to donate the marrow.

As a third party, Bernice Loiacono played a major role in the gift-giving process. She has known Bennof for the 10 years she has been an NIH plateletpheresis donor and recruited her into the bone marrow program. Loiacono stayed with Bennof in the operating room at Hopkins during the entire surgery and delivered the marrow to Seattle. "I will help the donor

(continued)

Donor Increases Recipient's Chances

(continued)

in any way I can," says Loiacono, "or do whatever is needed to further the program."

The exchange for both donor and recipient is rewarding. The donor gives a priceless gift -- a chance for life. The recipient gets that chance. Bennof says that for her the opportunity to help someone live outweighed the possible risks. "I kept thinking about my kids," she says emotionally. "What if one of them had cancer and needed a transplant and no one in the family matched? The next best thing would be someone unrelated. I thought if I did this for someone else," she continues, "maybe if anyone in my family needed it, it would be there for them." □

NIH News Briefs

Plotz To Speak at Staff Conference in April

By Mary Hepburn

Polymyositis and dermatomyositis is the topic for the April 6th Combined Clinical Staff Conference at the Clinical Center.

Paul H. Plotz, M.D., chief, Connective Tissues Diseases Section, NIAMS, will direct the lecture in the Lipsett Auditorium from 3:30 to 5 p.m.

The lecture will be an overview of the relationship between virus and autoim-

mune disease.

Dr. Plotz joined NIH as a senior investigator in 1970. Before that, he was a medical staff fellow here from 1965 to 1968. Two years were spent as a Helen Hay Whitney Fellow at the National Institute for Medical Research in Mill Hill, England.

FOCC Donates Money to PEF

NIH Program Seeks Donors

Sometimes bone marrow transplants work -- sometimes they don't. For transplants from unrelated donors, success rates vary anywhere from 45 percent to more than 70 percent, depending on the disease being treated and the condition of the patient.

A bone marrow disease patient's chances for long-term survival without a transplant are significantly less. Every donation gives the recipient the chance of a lifetime. "Anything that helps to increase the number of potential donors increases the chances that a donor will be found for a patient in need," says Bernice Loiacono, coordinator of the NIH Bone Marrow Donor Program.

Donating bone marrow is more difficult than donating blood. Like blood, bone marrow replaces itself quickly, but unlike blood, donating marrow requires minor surgery and an overnight stay in the hospital.

The NIH donor program takes care of it's donors. Each step of the procedure is carefully explained and every donor question gets answered. The program needs new donors. Anyone interested can reach Loiacono or her staff at 496-0572. □



Pictured from left: Maryanne Guerra, Dr. Charlotte Berg, Dr. Daniel Cowell, and Mary Etta Roberts.

By Irene Haske

A couple of years ago, some bright and generous people were writing the bylaws for the Friends of the Clinical Center (FOCC). Those since-approved bylaws state clearly that -- at minimum -- the FOCC will donate 25 percent of its income to the Patient Emergency Fund (PEF) each year.

Well, the donation has been made for 1987 and gratefully accepted to the lovely and melodious tune of \$8,900. A Mozart of donations!

The FOCC and the PEF help patients meet expenses related to their care at the Clinical Center, and for which no government assistance is available. The FOCC accepts tax deductible donations sent directly to the address below or through the annual Combined Federal Campaign.

To make a donation or for further information about the Friends of the Clinical Center, write to Dr. Daniel Cowell, c/o Communications, Clinical Center, building 10 room 1C255; telephone 496-2563.

Researcher Encourages 'Visual Health' at CC

Communication through Art Helpful in Patient Therapy

By Carla R. Garnett

Dr. Cecil Fox is primarily a scientist, not an artist. Although he does not paint or draw or sculpt, he and his fellow researchers indeed create. Right now his work on identifying AIDS cells in the body using what he terms "radioactive magic slippers" (slippers as in the Cinderella fairytale variety) that fit only cells infected with the fatal disease is an important part of NIH's research on AIDS.

In contrast, the work he does for the CC Art Program doesn't seem nearly as crucial and is completely voluntary. Yet, Fox takes time to boost the program by contributing ideas and soliciting donations. "I think it's very important for patients to have an aesthetic environment while they're in the hospital," he says. "Caregivers should use art as a means of communicating with patients."

'Even Scientists Appreciate Art'

According to Fox, the art and science worlds are intimately related. "All scientists have some appreciation for art," he says. "We don't always call it the same thing." He has big plans for more art and science collaborations at the hospital. "It would be great to have a show of images created in the labs," says the researcher. "Photomicrographs, CRT images, or computer graphics all have artistic qualities and are creative examples of art. Researchers are always making images that are interesting, but we may not share them."

Sharing may be the bottom line in Fox's philosophies on art. Recently, he asked IBM to share a collection of posters from its own gallery with the patients at NIH. The billion dollar corporation responded by agreeing to donate posters regularly for a changing show within the hospital. "They were delighted to contribute," Fox says.

CC Art Program Has Grown

In the two years since its establishment, the CC Art Program has grown tremendously. "With generous donors on the outside and a progressive, willing administration on the inside, the Clinical Center

now has an active, living, breathing art program," Fox believes. "It's been terribly successful in getting livelier, more colorful creations that make patients feel better." He also remembers the hospital before the concept of an art program was explored. "At one time, the only art we had up in the hospital came from GSA (Government Services Administration)," he says. "And that was just uniformly ugly."

NIH produces best graphics

The scientist admits that since the program has been organized, there is better hanging, more professional framing and greater sensitivity to the needs of patients, scientists, as well as other hospital staff. Clinical Center policymakers, particularly Dr. Decker, have been very supportive of Helen Orem and her wonderful work with the art program, says Fox, whose role in the galleries was sparked by an interest in the graphics done by NIH artists.

"The medical arts department here produces some of the best graphics in the world," he says. "Fine examples of modern art have come from this hospital."

Fox adds that the communication between scientists and artists is reflected very well in the work designed by the Medical Arts and Photography Branch (MAPB), Division of Research Services (DRS).

Insights in Patient Care

Communication through art emerges as a recurrent theme in Fox's concerns for patient care. "If a caregiver can't get the patient to talk about anything else," states the physician, "they can at the very least get an opinion about a painting on the wall." Sometimes, patients will even make up stories to go along with pictures they see, he says. Depending on the mood or tone of the story, a caregiver may detect insights about how the patient is feeling. "Things that even they may not realize or may not know how to say are sometimes revealed in the stories they tell about the art they see," says Fox. "The visual health of the hospital is important and therapeutic to all of us." □

AIDS Poster Given To Koop, Fauci

The Third International AIDS Conference, held last June at the Washington Hilton and jointly sponsored by the Department of Health and Human Services and the World Health Organization, produced more than just the most recent innovations in the research and treatment of a critical medical problem. A symbol was born.

On a blood red background, the artist has portrayed the structure and life cycle of the virus that causes one of modern man's most feared diseases. The poster portrays structural reality as well as conveys the details of infection, but still with graphic artistry, according to Dr. Cecil Fox. In the upper right corner the title and other particulars of the conference are discreetly, and legibly, lettered in black. The acronym, AIDS, is scrawled in white.

These elements, illustrated and designed by medical illustrator Trudy Nicholson, were recently presented to Dr. C. Everett Koop, U.S. Surgeon General, and Dr. Anthony S. Fauci, Director, NIAID, by Helen Orem, CC art specialist, and Nicholson to symbolize the unified effort of the scientific and non-scientific approaches NIH is making toward AIDS treatment and its eventual cure. The signed posters, will hang in the Surgeon General's conference room and in NIAID

-crg

Now Showing . . .

Through March 29

Gallery I Ruth Cahnmann
Works on Paper

Gallery II Estelle McGuckin
Monoprints

Gallery III Louisa Dugan
Etchings

Gallery IV Mildred Stoneman
Watercolors

Through May 30

Gallery V Marvin Saltzman
Oils

Raising Awareness of Patient Confidentiality



Patient Education Perspectives

Wendy Schubert

While we don't usually think of confidentiality as a part of patient education, the process of interacting with patients and families can have an impact on preserving their rights to informed consent and privacy. How do we assure that patients are fully informed about their medical care? How do we make sure that their confidentiality is preserved in an institution where sharing information is essential? These are knotty problems faced daily by CC staff.

Concerned about these and other issues related to confidentiality, the Confidentiality Education Group (CEG) wants to raise awareness and add to knowledge about patient confidentiality and how to preserve it at the Clinical Center. A task force from this group is developing an awareness campaign designed to bring confidentiality issues to the forefront of concern among CC staff.

Beginning this April and continuing every three months for the next two years, this campaign will include posters, slogans, and such give-away items as pens, mugs, and fortune cookies. Every quarter, there will be a new poster and give-away with another confidentiality-related slogan.

Future issues of *CC News* will give you updated information about the latest CEG awareness effort. As you enjoy viewing the innovative poster designs and using (or consuming) the items that will accompany each quarter's offerings, the CEG hopes that all CC staff members will fully exercise their crucial role in preserving patient confidentiality. □

Wendy Schubert is a public affairs specialist in the Office of Clinical Center Communications. She can be reached at 496-2563, or in building 10, room 1C255.

CC Newsmakers

Lynn Hellinger joins the Clinical Center staff as assistant personnel officer. Before coming here she worked as a staffing specialist for the Division of Personnel Management. Hellinger replaces Sheila Johnson who transferred to the Justice Department Personnel Office.

The National Disaster Medical System presented the NDMS Special Appreciation Award to John L. Decker, M.D., director of the Clinical Center, Raymond Becich, executive officer of the Clinical Center, Robert Ostrowski, acting director of the Division of Safety, and Emmett W. Barkley, Ph.D., director of the Division of Safety. The awards recognize the recipients' support and contributions to the development of the PHS Bethesda Clearing Staging Unit DMAT Team.

Carla Garnett, public affairs specialist and associate editor of *CC News*, leaves the Office of Clinical Center Communications after five years to accept a position as staff writer of the *NIH Record*.

Dr. Paul Strudler, special assistant to the chief, Nuclear Medicine Department, recently accepted a position as health sci-



Outpatient Department (OPD) employee Margaret Gierszewski recently received a diamond brooch and certificate acknowledging her 40-year career in the government. Shown with her are Jesse Ferguson, Administrator, OPD, and Steve Groban, Chief, OPD.

entist administrator in the Special Review Section of the Division of Research Grants. Strudler, an NMD employee for nearly five years, managed an administrative program for the department. During this time, Strudler boosted the staff from 42 to 80 people, increased the budget by two-thirds and acquired more space and new equipment for NMD. "The thing I did best was to build a program and it's built. I hope the staff uses it to its fullest potential as a resource," Strudler says.

CC'ers Prepare for PEF Auction

By Mickey Hanlon

For Washingtonians, the month of April offers the promise of sunshine, warm weather and spring flowers. Along with the happenings of spring, April brings CC employees together for the annual Patient Emergency Fund Auction.

The PEF Auction, to be held April 27 in the Visitor Information Center of the Clinical Center, gets CC'ers out of spring fever and into helping the PEF do its job of providing financial aid for NIH patients who otherwise may not be able to participate in NIH studies.

Each year CC'ers come through and generously donate items for the live and silent auctions: CC'ers like Bruce Baranski of the Clinical Hematology Branch who last year donated a 35mm camera complete with zoom lens, flash and camera case; James Hunter, former

Pharmacy Department employee who donated a day of sailing on the Chesapeake for four people; Don Ralbovsky, Office of the Director, who donated a stay in Ocean City in his condo for three nights on a weekend in April or May; and Ellen Vaughn in 9 East Nephrology who donated two handmade pillows.

As if the donated items were not enough, CC'ers also baked wonderful desserts for the bake sale, most of which were gone before the live auction began. This year's auction plans to have even more cakes, brownies and cookies for dessert lovers, plus a luncheon menu of subs and pizza.

If you or one of your office mates would like to donate to the PEF auction, call the R&W at 496-6061 or drop your items off at any R&W gift shop. □

Safety Gets the Lead Out

By Ellyn J. Pollack

Drinking water in the Clinical Center is safe despite a recent analysis indicating lead levels higher than the Environmental Protection Agency standards in recently renovated sections of the hospital, according to Dr. Harry Mahar, Division of Safety.

"The lead levels in the drinking water do not represent an imminent health hazard," Dr. Mahar says. "The elevated lead levels only persist in the water for a short period of time, and only if the water tap has not been used within eight to 10 hours. Also, the average adult absorbs very little of any lead ingested, typically five percent."

The Division of Safety began a survey of the entire reservation in December 1987 to determine if there was a problem with drinking water. Higher lead levels were found in newly renovated buildings, which is common, according to Dr. Mahar. Newly installed copper pipes are soldered with lead tin. When new, the lead leaches out of the solder and into the water when the water sits stagnant for several hours. As the pipe ages, a scale builds up inside the pipe that prevents this from happening. NIH recently implemented a new policy prohibiting the use of lead solder in new plumbing installations.

The lead level in the clinic's drinking water is lower than the hospital's because the plumbing system in the clinic is four years old and is a centralized water system, Dr. Mahar explains. All the water fountains in the clinic are served by one system, so the water continuously runs through a recycling loop rather than sitting stagnant.

The Division of Safety began surveying lead levels in the pediatric units by measuring samples from the water fountains, ice makers and water taps. The study shows that samples with the highest levels are collected in the morning, after the water sits stagnant all night. If the water runs for a while, the lead level drops back to standard.

"The Clinical Center is providing bottled water on certain floors of the hospital where the lead level of the water exceeds the EPA standards," Dr. Mahar says. "In addition, warning signs have been posted in these areas and the water resource removed from service. All other fountains and ice machines do not have a problem."

"These are only precautions -- an interim solution until we decide the best solution," Dr. Mahar emphasizes. "The water in the Clinical Center is not contaminated, but, if the water sits, the lead levels are higher than standard. In reality, all someone has to do is let the water run for 30 seconds and it will be safe. If it is a frequently used fountain, levels remain lower because the system is flushed continuously."

Dr. Mahar adds that residential water systems often have similar problems, so one should routinely flush home water taps for 15 to 30 seconds in the morning before consuming the water.

While most people are not at risk by drinking water with elevated lead levels, children under the age of six and pregnant women need to be more cautious, Dr. Mahar notes. Infants and children absorb more ingested lead than adults and are more susceptible to the toxic properties of the absorbed lead. Pregnant women need to be cautious because the developing fetus is very sensitive to excessive lead exposure.

Employees who are pregnant or concerned that they may have consumed large quantities of water with high lead levels may discuss their concerns with the staff in Occupational Medical Services. □

On the Lighter Side . . .

Memo to Dr. Saul Rosen

Thank you for your memo of February 11, 1988 in reference to the lead in the water. It was read with great joy. I have been wondering why my scale remained stuck in the same spot where it should not be no matter how much I starved myself - there it was the same old weight!

The news that there is lead in the water makes it all clear. No wonder, I can't weigh less -- here I am drinking lead!

How can I expect to lose weight?

Thanks for the enlightenment.

A Grateful Employee of NIH

From Where
I Sit



Mary Hepburn

Politeness Isn't Boring

Veronica Corson was genuinely pleased with the compliments I sent to GSI (Guest Services Incorporated) in my January column, "Thoughtfulness makes life easier."

Not only was she pleased, surprised would describe her reaction.

"No one ever compliments our work," said this smiling, helpful woman who works for GSI in the B1 cafeteria. I'm sure I'm not the only one who comes away with a good feeling after a brief chat.

Unfortunately, it's much easier to complain about something than to find something good to say.

Today, most people don't live for pats on the back. Anyway, government workers aren't used to being complimented. When compliments are given, it's cause for celebration.

Not only did Veronica make my day, but other positive comments about the column made me realize we don't give ourselves enough credit.

It's a shame that what seems so simple and takes such little effort usually is so effective. "Please" and "thank you" should be included whenever a request is made. Politeness and common courtesy are never boring. Not only that, common courtesy is contagious.

Try it.

A former colleague gave me a copy of the following saying (anonymous). How true it is.

People are unreasonable, illogical and self-centered. *Love them anyway.*

If you do good, people will accuse you of ulterior motives. *Do good anyway.*

The good you do today will be forgotten tomorrow. *Do good anyway.*

Not a bad motto to live by. □

Mary Hepburn is a public affairs specialist in the Office of Clinical Center Communications. Her multiple sclerosis was diagnosed in 1981. Comments and observations can be sent to her in building 10, room 1C255.

Free Advertising! You could have used this space to sell your old car or to find a new one. *CC News* offers small ad spaces free of charge to any reader. Just submit your ad in writing to Classified, 1C255. See your name here next month!

For Sale: Frigidaire Washer '87 *Deluxe Model*. Heavy Duty. Large Capacity. Almond Color. \$500. Call Robert 496-9818 work, 493-6171 home.

Need Money for School? The Auxiliary of Suburban Hospital is accepting applications for financial aid from students entering or enrolled in schools of nursing. *Application deadline is March 31, 1988.* Call Victoria Boyer at 530-3958 for more information.

Bed & Breakfast: Maryland hospitality in a beautifully restored 19th century townhouse. Located in Frederick's Historic District. Reservations required. Call 301-663-8449 after 5 p.m.

Wanted: 2 folding bicycles. Call 869-0459, evenings. Ask for Elaine Remmers.

Room to rent? Do you live near NIH? Are you, or someone you know interested in renting a room to a Clinical Center elective student for eight to ten weeks? If so, please contact the Clinical Electives Program Office, building 10, room 1C292, 496-2427.

Companion/driver: Young woman with M.S. who works at Clinical Center is seeking non-smoking female companion, helper, driver. If interested in assisting me during week or weekends in exchange for free room and board in luxurious apt. building in D.C. about 20 mins. from NIH, call Mary at 363-3373.

CRG: Good luck in your new job. We'll miss you! Keep in touch.
OCCC Staff

Try Cee's Home-Made Cakes & Pies Please give 24 hrs. notice. Call 496-9054 or 577-5072, at home.

For Sale: 1986 1/2 Isuzu TROOPER II. 4-wheel drive - LS. 25,000 easy miles Assume \$334/month, *no equity*. Call Robert 496-9818 work, 493-6171 home.

For Sale: VW Rabbit Roofrack (removable) \$50. Call Joseph 496-3407.

Bountiful Baskets: Gourmet food and/or gift-filled imported baskets lavishly adorned with ribbon, flowers, and baby's breath. Make any occasion special - new baby, housewarming, Mother's Day. Call Candice Byrne at Bountiful Baskets, 949-5031.

Lasagna: "By Mr. Wonderful" Try the *ultimate* taste treat! Birthdays, Parties, Special Occasions - "Mr. Wonderful" prepares great lasagna! \$25 and up. Call Stan at 496-3050, 890-2288.

"The first day of spring is one thing, and the first spring day is another. The difference between them is sometimes as great as a month."

Henry Van Dyke, author
(1852-1933)

Spring begins March 20!

March is National Nutrition Month. The Nutrition department will present weekly lectures featuring staff dietitians. Topics include: *Calcium: Meeting your Daily Needs; Diabetic Diets: Let's Talk Turkey; Dietary Changes to Decrease Cancer Risk; and Yes, You Can Lower Your High Blood Cholesterol By Changing Your Diet.* Educational Services will co-sponsor the series. Lectures will be held Tuesdays, noon-1 p.m., Little Theater, CC Visitor Information Center.

For Sale: King-size mattress set (3 pcs.), with frames and headboard. Very good condition. Best offer!! Call Arnold Sperling, 496-2276.

Piano Lessons by a professor with D.M.A. degree from Moscow Conservatory (Russia). Superbly experienced teacher of all levels. Close to NIH. Tel. 654-1483



March Safety Tip
Crime Prevention:
Protect Your Property
NIH Security Branch





You work hard for your money - don't make it easy for a thief to make his/hers: and prevent your check from being lost or stolen.

★ Keep you purse or wallet locked in your desk, file cabinet, locker, or on your person, at all times. ★ Don't fall victim to complacency or develop an attitude like, "It won't happen to me."

★ Don't bring large sums of cash to work. For more safety information, contact:: NIH Security Branch 496-9818

★ Take advantage of DIRECT DEPOSIT



MARCH CALENDAR OF EVENTS

2 Grand Rounds. *Autoantibodies in Lupus*. Lawrence Shulman, M.D., NIAMS. *Worldwide Antibiotic Resistance*. Craig Wallace, M.D., International Research, NIH. Lipsett Auditorium Noon-1 p.m.

Combined Clinical Staff Conference. *Glucocorticoid Hormones: An Update*. George Chrousos, M.D., NICHD, Lipsett Auditorium 3:30 p.m.-5 p.m.

4 *How to Write a Position Description*. Educational Services. Conference rm. 1N248. 9 a.m.-5 p.m. Nomination deadline. Call 496-1618 for information.

7 *Transfusion Medicine for Nurses: Into the 90's*. Lectures, videotapes and exhibits hosted by Transfusion Medicine Dept. Masur Auditorium 7:30 a.m.-4 p.m.

8 *Calcium: Meeting Your Daily Needs*. Nancy Sebring, M.Ed., R.D. Sponsored by the Nutrition Dept. Little Theater Noon-1 p.m.

9 Grand Rounds. *A Vaccine for Malaria: In the Wings or a Will o' the Wisp?* Louis Miller, M.D., NIAID. *It Ain't Ova 'Till the Fat Lady Sings: What's New in Developmental Biology*. Arthur Levine, M.D., NICHD. Lipsett Auditorium Noon-1 p.m.

10 *Issues in Death and Dying. The Dying Adult: Psychosocial Impact on the Family, Their Children and*

Significant Others. For information, call Educational Services, 496-1618. Lipsett Auditorium Noon-1 p.m.

15 *How to Communicate More Effectively*. Educational Services. Nomination Deadline: March 5. Call 496-1618. Conference rm. 1N248. 9 a.m.-5 p.m. Continues on Mar. 16, 9 a.m.-Noon.

Diabetic Diets: Let's Talk Turkey (...and Chicken and Fish...) Anne Shaffer, R.D., C.D.E. Sponsored by Nutrition Dept. Little Theater Noon-1 p.m.

16 ECS Guest Lecture Series. *Family Stress: Adult Children of Aging Parents*. Wilson Hall, Building 1 Noon-1 p.m.

Grand Rounds. *Ascorbic Acid: New Concepts About an Old Vitamin*. Mark Levine, M.D., NIDDK. *Transforming Growth Factor-Beta*. Michael Sporn, M.D., NCI. Lipsett Auditorium Noon-1 p.m.

18 *How to Complete the HHS-350*. Educational Services. Nomination

deadline. Call 496-1618. Conference rm. 1N248. Noon-1 p.m.

22 *Dietary Changes to Decrease Cancer Risk*. Denise Ford, M.S., R.D. Sponsored by the Nutrition Dept. Little Theater Noon-1 p.m.

23 Grand Rounds. *The Use of Cardiopulmonary Bypass in Non-cardiac Surgery and Resuscitation*. Julie Swain, M.D., NHLBI. *Signal Transduction in the Nervous System*. Jeffery Barker, M.D., NINCDS Lipsett Auditorium Noon-1 p.m.

29 *Yes, You Can Lower Your High Blood Cholesterol By Changing Your Diet!* Gloria Stables, R.D. Sponsored by the Nutrition Dept. Little Theater Noon-1 p.m.

30 Grand Rounds. *Enterically Transmitted Hepatitis: Current Status*. Robert Purcell, M.D., NIAID. *MAO and Adenyl Cyclase as Markers for Alcoholism*. Boris Tabakoff, Scientific Director, NIAAA. Lipsett Auditorium Noon-1 p.m.



CC News is published every month for employees like Lillie Harris, who has worked at the Clinical Center for 20 years. Lillie has spent the last 14 years operating the hospital elevators. She enjoys transferring patients in wheelchairs, on stretchers or those walking with I.V. poles from floor to floor.